

ASSIGNMENT WITHOUT NOTICE

**To Make the Party
Obey A Court Order
For Support**

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December 6, 2002
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SELF SERVICE CENTER
TO ENFORCE A COURT ORDER FOR SUPPORT
REQUEST FOR ORDER OF ASSIGNMENT WITHOUT NOTICE
PETITIONER ONLY

How to assemble these documents

This packet contains court forms and instructions to file a Request for an “Order of Assignment Without Notice”. Be sure the documents are in the following order.

Order	File Number	Title	No. Pp.
1	DRWA1t	Table on forms/instructions in this packet	1
2	DRWA1k	<i>“Checklist to file”</i>	1
3	DRWA11i	Instructions to request an <i>“Order of Assignment”</i>	3
4	DRM10f	<i>“Post Decree Cover Sheet”</i>	3
5	DRWA11f	<i>“Request for Assignment”</i>	2
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7	DRS82f	<i>“Order of Assignment”</i>	1
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SELF SERVICE CENTER
FORMS AND INSTRUCTIONS
PETITION AND PAPERS FOR
“ORDER OF ASSIGNMENT”
CHECKLIST

USE THE FORMS and instructions in this packet only if the following factors apply to your situation:

- ✓ You have a court order for child support or spousal support BUT you do not already have an “*Order of Assignment*” AND,
- ✓ You are the person entitled to receive a payment, and payment is past due at least one month OR,
- ✓ You are the person entitled to receive payment and you have a title IV-D case (you have an ATLAS number) with no past-due support is owing OR,
- ✓ You are person who has to make the payments and you want to begin a voluntary assignment.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

SELF SERVICE CENTER

INSTRUCTIONS FOR REQUEST FOR ORDER OF ASSIGNMENT EX PARTE (WITHOUT NOTICE)

DEFINITIONS:

“Obligee” is the person or agency entitled to receive support payments.

“Obligor” is the person ordered to make support payments.

Throughout these instructions the terms **“employer,” “wages,” and “paycheck”** are used. However, this Request for Order of Assignment Ex Parte (without notice) may also be used in situations where a person is asking for an assignment of the Obligor's **other monies such as lottery winnings or worker's compensation payments.**

COMPLETE THIS FORM TO REQUEST AN EX PARTE ORDER OF ASSIGNMENT IF:

- You are the Obligee and there is an Arizona order establishing a support obligation or spousal support (maintenance) obligation, including past-due amounts,
OR
- You are the Obligor and you want to begin a voluntary assignment.

TO COMPLETE THIS FORM AND FILE THE REQUEST YOU WILL NEED:

- Information from the Order(s) you want to enforce.
- Attach a certified copy of the Order establishing the support obligation to the request, if that order was issued in an Arizona county other than the one where you will file this request.
- Attach a certified copy of the most recent order requiring payment on past-due support amounts to the request, if that order was entered in an Arizona county other than the one where you will file this request.

NOTE: These forms do not apply if your support order is not from Arizona. In that case, you may want to contact the state child support enforcement agency where your order was entered, the Department of Economic Security child support enforcement agency, in Arizona, or a private attorney regarding enforcement.

Family Court Post-Decree Coversheet

Print or type in black ink.

Case Type: Check only one box that matches the legal procedure for which you are filing the documents in this packet.

Case Number: Write in the case number of the original case whose decision or order you are asking the Court to change or enforce.

Information About the Petitioner (*in the original action*): Regardless of who started *this* action for change or enforcement, write in the information, if you know it, for the person who was the Petitioner *in the original case*. If the Petitioner's address is protected, simply write "Protected" on the address line. If you are the Petitioner, and you want your address protected, DO NOT write your address on the coversheet. When you file your papers, tell the Clerk of the Court you want your address protected and they will give you a special form to complete. If you are the Petitioner and a lawyer represents you, write in the lawyer's name and bar number.

Information about the other party, the Respondent (*in the original action*): Regardless of who started *this* action for change or enforcement, write in the information, if you know it, for the person who was the Respondent

in the original case. If the Respondent's address is protected, simply write "Protected" on the address line. If you are the Respondent, and you want your address protected, DO NOT write your address on the coversheet. When you file your papers, tell the Clerk of the Court you want your address protected and they will give you a special form to complete. If you are the Respondent and a lawyer represents you, write in the lawyer's name and bar number.

Minor Children Involved: List the names, dates of birth, and social security numbers for any minor children involved in this specific case.

Other Minor Children: If there are other children of either the Petitioner or the Respondent or both not involved with this case, list their names on the lines provided.

Other court cases: Check the appropriate box to tell this Court if either you or your spouse have been involved in any other cases, except a minor traffic offense, in any other court. If you check the Yes box, please describe the case, including case numbers and court location.

Domestic Violence Section: Answer the questions listed regarding domestic violence. This information will help court staff determine if this issue is relevant to this case.

Children's Issues Section: Answer the questions regarding the children you listed on *the "Family Court Cover Sheet."* This information will help court staff determine if these issues are relevant to this case, and/or whether a case exists in this Court already regarding any child you listed.

Interpreter: If you or your spouse need an interpreter, check the box for the appropriate party, one or both.

Language: Check the box to indicate whether the interpreter is needed for Spanish or other language. If "Other", write in the language. This information helps the court estimate the need for interpreters. It is **NOT** an official request for an interpreter.

Location: If you are filing your documents in Phoenix, check the Downtown Phoenix box. If you are filing your documents in Mesa, check the Mesa box.

FOLLOW THESE INSTRUCTIONS:

- **TYPE OR PRINT NEATLY USING BLACK INK.**
- Match each numbered step in the instructions with the item on the attached form that has the same number.

1. Type or print the name, address and telephone number of the person filing the Request. Include your **ATLAS** number if your case is a title IV-D case. (An attorney who is filing the Request must also list the name of the person represented and the attorney's State Bar number.)
2. Type or print the name of the county in which this request is being filed. (This may already be printed on the form.)
3. Type or print the name of the person shown as the petitioner on the support order.
4. Type or print the name of the person shown as the respondent on the support order.
5. If the order establishing support was issued in a county other than the one where you are filing this Request, leave this item blank. If the order was issued in the county in which you are filing this Request, fill in the case number that appears on the support order.
6. Type or print the date of the most recent Arizona court order establishing or modifying child support and/or spousal support payments.
7. Type or print the name of the Obligor (person ordered to make payments).
8. Type or print the name of the judicial officer (judge or commissioner) of the Superior Court in Arizona who signed the most recent order establishing or modifying the support obligations.
9. Mark this box if there is a court order establishing the child support obligations requiring the payment of a certain amount for a given time period. Then give the details from the order. **(EXAMPLE: Child support of \$200 per month due on the 10th day of each month, or \$50 per month due on the 1st and 15th day of each month.)**

10. Mark this box if there is a court order establishing the spousal maintenance obligation requiring the payment of a certain amount for a given time period. Then give the details from the order.
(EXAMPLE: Spousal support of \$100 per month due on the 10th day of each month.)
11. Mark this box if you are the Obligee (person entitled to receive support) and the Obligor (person required to pay support) owes court ordered past-due support. Then give the details from the order.
(EXAMPLE: Past-due spousal support of \$100 per month due on the 10th day of each month.)
12. Mark this box if there is a court ordered obligation and no order of assignment exists, and you are the Obligee or you represent an agency entitled to receive support.
13. Mark this box if you are the Obligor (person required to make payments) and you want your employer to deduct the support payments (plus fees) from your paycheck.
14. Mark this box if you want to include a payment on a past-due amount and specify the amount you want to include in the assignment to be paid on past-due amounts.
15. **Identifying Information. Type or print the following information**
 - A. OBLIGOR**
 1. Obligor's complete name: first, middle and last.
 2. Obligor's social security number, if you know it.
 3. Obligor's date of birth.
 4. The name and complete address of the Obligor's employer or other payor.
 - B. OBLIGEE**
 1. Obligee's complete name: first, middle and last.
 2. Obligee's social security number and date of birth.
 3. If the person is entitled to receive the money, type or print that person's mailing address, including zipcode. This address is not required to be the person's residential address.
 4. If an agency is entitled to receive the money, type or print the agency's name and mailing address.
 - C. CHILDREN** (This applies to all children for whom support is to be paid under the Order.)
 1. Full name for each child: first, middle and last.
 2. Date of birth for each child.
 3. Social security number for each child.
16. Date and sign on this line before a Notary Public or Court Clerk to affirm that the information on the Request is true and correct to the best of your knowledge. If you represent an agency, give the name of the agency.
17. Leave these items blank. The Notary Public or Clerk will complete them.

WHEN YOU HAVE COMPLETED THIS FORM:

- File the request with the Clerk of the Superior Court. The fee for filing for this process, as of January 1, 1998, is \$61.00. There may be additional fees, including an appearance fee if this is the first time you have appeared in this case. If you cannot pay these fees, you may request that the fees be waived or deferred. The Clerk of the Superior Court and the Self-Service Center have the necessary forms to request a waiver or deferral. You may file your request at any one of the following locations:

The Clerk of the Superior Court
Central Court Building
 201 West Jefferson, 1st floor
 Phoenix, Arizona 85003

The Clerk of the Superior Court
Southeast Court Facility
 222 East Javelina Drive, 1st floor
 Mesa, Arizona 85210

The Clerk of the Superior Court
Northwest Court Facility
 14264 West Tierra Buena Lane
 Surprise, Arizona 85374

- If one of the parties is using the child support services of the **Division of Child Support Enforcement (DCSE)** (This case has an **ATLAS** number) a copy of the Request and a copy of the **"Order of Assignment"** must be mailed to: Attorney General, Child Support Enforcement, P.O. Box 6123, Site Code 775C, Phoenix, AZ 85005.

**Superior Court of Arizona
Maricopa County**

Family Court Cover Sheet

For use with Minor Children

**Check only one box that matches
the legal procedure for which you are
filing the documents in this packet:**

- ☐ **Modification (Change) of Custody**
- ☐ **Modification (Change) of
Parenting Time (Visitation)**
- ☐ **Modification (Change) of Support Only**
- ☐ **Modification (Change) of
Assignment Only**
- ☐ **Enforcement of Custody, Parenting
Time (Visitation) or Support**
- ☐ **Enforcement of Property Division**
- ☐ **Other**

Case Number from existing FC case

ATLAS number(s) if applicable

Instructions:

- You must provide the following information about yourself and the other party.
- Type or print neatly in black ink
- If more room is needed for children or Petitioner/Respondent, please attach a separate page
- You must list the Petitioner from the original case as the Petitioner below and the Respondent from the original case as the Respondent below

Information About the Petitioner:

Name:

Address:

City, State, Zip:

Home phone #:

Information About the Respondent:

Name:

Address:

City, State, Zip:

Home phone #:

Work phone number:

Cell phone/pager:

Date of Birth:

Social Security #:

E-mail address:

Work phone number:

Cell phone/pager:

Date of Birth:

Social Security:

E-mail address:

Lawyer's Name and Bar Number: _____

(Provide this information only if YOU have an attorney)

Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Names and D/O/B's of any OTHER minor children of the Petitioner and/or the Respondent who are NOT involved in this case.

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? ☐ Yes ☐ No. If you checked the "Yes" box, please describe the case and include case numbers and court location. _____

Domestic Violence Section

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence?

☐ Yes ☐ No

Has anyone listed on this cover sheet been the plaintiff, defendant, or named in a petition for an Order of Protection? ☐ Yes ☐ No

If Yes, please identify: _____

Was the Order of Protection granted by the Maricopa County Superior Court? ☐ Yes ☐ No

If No, in what court was the Order of Protection granted? _____

Children's Issues Section

Are any of the children named above in any physical danger due to abuse or neglect?

☐ Yes ☐ No

Has anyone named on this sheet had any involvement with Child Protective Services in Arizona?

☐ Yes ☐ No

If Yes, please provide the CPS or Juvenile Court case number:

INTERPRETER. Is an interpreter needed for either of the parties? If so, please check the appropriate box(es) below. **NOTE: THIS IS NOT AN OFFICIAL REQUEST FOR AN INTERPRETER. THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.**

☐ Petitioner

☐ Respondent

Language:

☐ Spanish/(Español) ☐ Other _____

LOCATION. (Check the Superior Court Location where you will be filing these documents:

☐ Downtown Phoenix

☐ Southeast Regional (Mesa)

☐ Northwest Regional (Surprise)

Person Filing: _____ (1)
Address: _____
Phone Number: _____
ATLAS Number (if applicable): _____
State Bar Number: _____
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for ☐ Petitioner or ☐ Respondent

**SUPERIOR COURT OF ARIZONA
(2) COUNTY OF MARICOPA**

Name of Petitioner (3)

CASE NO: _____ (5)

**REQUEST FOR ORDER OF ASSIGNMENT
EX PARTE**

Name of Respondent. (4)

CURRENT COURT ORDER:

On (6) _____ (date), (7) _____ (name of obligor or person required to pay support) was ordered by (8) _____ (name of judicial officer) of this court to pay: (check all boxes that apply.)

- ☐ (9) Child support of \$ _____ per _____ due on the _____ day of each _____
☐ (10) Spousal support (maintenance) of \$ _____ per _____ due on the _____ day of each _____
☐ (11) Arrears payment of \$ _____ per _____ due on the _____ day of each _____

BASIS FOR REQUEST: (check all boxes that apply)

- ☐ (12) The Obligor (person required to pay child support) has a court ordered obligation, but there is no existing order of assignment and I am the person or represent the agency entitled to receive the support.
☐ (13) There is no existing order of assignment and I, the obligor (person required to pay child support), request a voluntary assignment.
☐ (14) A past due obligation exists for child support, spousal support, spousal support arrears or interest and I request payment on past-due support in the amount of \$ _____ per month.

IDENTIFYING INFORMATION (15):

A. INFORMATION ABOUT OBLIGOR (person required to pay support):

Name of Obligor: _____ Social Security No.: _____ Date of Birth: _____
Employer/Payor (name and payroll address): _____

B. INFORMATION ABOUT OBLIGEE (person receiving support):

Name of Obligee: _____
Social Security No.: _____ Date of Birth: _____
Address: _____

Agency (name and address), if applicable: _____

C. INFORMATION ABOUT THE CHILD(REN) (All children for whom support is to be paid under the Order):

Name of Child(ren)	Date of Birth and Social Security Number
_____	_____
_____	_____
_____	_____

THEREFORE, I request the Clerk of the Superior Court to enter an order assigning the Obligor's income or other monies in the amount(s) indicated above. I have read the foregoing document and the facts therein are true and correct to the best of my knowledge.

Dated: **(16)** _____

Signature of Person Requesting Assignment

Name of Agency, if applicable

STATE OF ARIZONA)
County of Maricopa) ss

Subscribed and sworn or affirmed and acknowledged before me this date: _____

(17) _____
Notary Expiration Date

Notary Public or Clerk

SELF SERVICE CENTER

INSTRUCTIONS: HOW TO COMPLETE AN "ORDER OF ASSIGNMENT"

DEFINITIONS:

- **Obligor** is the person ordered to make support payments.
- **Obligee** is the person or agency entitled to receive support

COMPLETE THIS FORM FOR AN "ORDER OF ASSIGNMENT" IF:

- You have completed a "*Request for an Ex Parte Assignment*" or
- You have been ordered by the court to prepare an "*Order of Assignment*" or
- You are a party to a case in which the court may establish or modify a support obligation.

HOW TO COMPLETE THIS FORM:

Step Number	Instructions
----------------	--------------

TYPE OR PRINT NEATLY USING BLACK INK. Follow the instructions given below.
Match each numbered step in the instructions with the item on the "*Order of Assignment*" that has the same number.

- | | |
|-----|---|
| (1) | Type or print the name of the county in which this order is being filed. (This may already be printed on the form.) |
| (2) | Type or print the name of the person who is shown as the Petitioner/Plaintiff on the order that established the support obligation. If there is no order, type or print the name of the person shown as the Petitioner/Plaintiff in the original petition filed in the case. |
| (3) | Type or print the name of the person shown as the Respondent/Defendant on the order that established the support obligation. If there is no order, type or print the name of the person shown as the Respondent/Defendant in the original petition filed in the case. |
| (4) | Type or print the case number that appears on the support order. If the order was issued in a county other than the one where you are filing this request and order, leave this item blank. If you do not have an order establishing a support obligation, leave this item blank. |
| (5) | If you are completing this order because you have completed a " <i>Request for an Ex Parte Assignment</i> ," mark the "Ex Parte" box. |

OR

If you are completing this order for any other reason, mark the "Automatic/After Hearing" box unless the court orders you to do otherwise.

- (6)** Type or print the complete name (first, middle and last) and the Social Security Number of the Obligor (the person ordered to make support payments.)
- (7)** If you marked the "Automatic/After Hearing" box in item (6), leave this item blank. If you marked the "Ex Parte" box in item (6), fill in the monthly amount of each obligation that you are including in your request for assignment. The current child support and spousal maintenance/support amounts must be the same as the amounts listed in the Request, items (9) and (10). If you are requesting payment on arrearages (past due child support), the amount entered must be the same as the amount listed on the Request, item (14) of the Request. Then enter the total amount of all monthly obligations.
- (8)** Type or print your case number that appears in item (5) above.
- (9)** Indicate where payments are to be sent.
- (10)** Leave this area blank. The Judicial Officer or Clerk will date and sign the order.

THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) _____)
Petitioner/Plaintiff)
vs.)
(2) _____)
Respondent/Defendant)

(3) Case Number: _____

(4) ATLAS Number: _____

ORDER OF ASSIGNMENT

TO: Current and future employers or other payors of:

(5)

Name: _____ SSN: _____

This order modifies and replaces any previous "Order of Assignment" with the same case number.

You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
TOTAL AMOUNT per month	\$ _____, but no more than

50% of disposable earnings (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107

Dated this _____ day of _____, 20____.

Judicial Officer or Clerk of Superior Court

CURRENT EMPLOYER INFORMATION

This form must be completed for:

- An *“Order of Assignment”* (Staple to the *“Order of Assignment”*)
- *“Order to Stop an Order of Assignment”* (Staple to the Stop Order)
- *“Notification of a Change of Employer”*

CASE NUMBER _____ ATLAS NUMBER _____

PAYOR NAME _____
(Name of Person to Make Payment)

Social Security Number _____

List only the Employer's Name and Payroll Address where the *“Order of Assignment”* or *“Stop Order of Assignment”* should be mailed.

CURRENT EMPLOYER NAME _____

PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX NUMBER () _____

PREVIOUS EMPLOYER (IF KNOWN) _____

PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX NUMBER () _____

SUBMITTED BY _____ DATE _____

WA/FSC

TYPE OF W/A _____

DATE _____

TYPE OF ORDER _____

EMPLOYER STATUS _____

ENTERED BY _____

NEW W/A _____ SUB _____

AG _____ DCSE _____

Case No. _____

ATLAS No. _____

JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY*)

ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT. DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.

PERSON TO RECEIVE PAYMENTS:

Name: _____

Gender: Male Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

PERSON TO MAKE PAYMENTS:

Name: _____

Gender: Male Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS: Firm Name: _____

Payroll Mailing Address: _____

Phone: _____

Email Address: _____

CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional children listed on attached sheet.

FOR COURT USE ONLY

Order Date: _____	Type of Order: _____			
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Due Date _____	Due Date _____
	Thru Date _____		Thru Date _____	Med Bills _____
	Due Date _____		Due Date _____	Frequency _____